

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: MICHELE HOME (310712)

Address: 8919 N MICHELE ST, MILWAUKEE, WI 53224

License Status: REGULAR

Licensed/Certified/Registered 03/01/1999

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095758 **End Date:** 10/12/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008846 Served 10/24/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT		
83.33(2)(a)	SUPERVISION		
83.42(1)	SAFETY-FACILITY EVACUATION TIME		

Survey ID: 0091827 **End Date:** 12/11/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008944

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	07/07/2005	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	07/07/2005	Yes
83.42(1)	SAFETY-FACILITY EVACUATION TIME	07/07/2005	No
83.43(7)(a)3	SPRINKLER FOR MORE THAN 16 RESIDENTS	07/07/2005	Yes
83.43(7)(b)	INSTALLATION AND MAINTENANCE		

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0091834 **End Date:** 10/10/2003 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Enforcement History

Date: 10/21/2005 **SOD #10008846** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(1)(b)

FORFEITURE---83.33(2)(a)

FORFEITURE---83.42(1)

Date: 01/21/2004 **Appealed: No**

Sanctions

FORFEITURE---83.21(4)(p)

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Complaint History

Date Complaint Received: 11/14/2003

Date Investigation Completed: 12/02/2003

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED

SOD #

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